Labor Organization Officer and Employee Report

U.S. Department of Labor Employment Standards Administration Office of Labor-Manageme andards



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved - OMB No. 1215-0188 Expires 11-30-2002

1. Name and address of labor organization 2. Name and address of labor organization 1450 27th Avenue 5. State of Arizona, Local Union No. 1. International Brotherhood of Teamste 1450 27th Ave., Phoenix, AZ 85009 1. 1. 1. 1. 1. 1. 1. 1					///
State of Arizona, Local Union No. 10 Phoenix, AZ 85009 Rosilion in labor organization Trustee 12/31/00 Rosilion in labor organization Trustee 12/31/10 Resets (accept as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value employer whose employers your organization represents or is actively seeking to represent. A. Nature of interest, Transaction or income B. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value employer whose employers your organization represents or is actively seeking to represent. R. Name of Employer Address of Employer Address of Employer Address of Employer Address of Dusiness American Income Life Insurance Company, Post office Box 2608, Waco, TX 76797 B. Business deals with— B. A Labor Organization B. Trust C. Employer 10. If 9B or 9C is checked give trust or employer's name B. A Labor Organization B. Trust C. Employer 11. Nature and approximate dollar value of such dealings Premium paid for A D & D Policy by insurance company, 4/98 - 7/00 Reserved from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to are any payment of money or other thing of value 12. Nature of interest held or income received Benefit of premium paid by insurance company. IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS 15. Signature and verification—The undersiphoed declares, under the applicable penalties of the law, that all of the information in this report the statishments incorporately therein or referred to in this report to in t					9
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